Collaborative Staging:

Let's Work Together

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Acknowledgements

ARKANSAS CENTRAL ACCR CANCER REGISTRY

ARKANSAS DEPARTMENT OF Health
Keeping Your Hometown Healthy

Collaborative Staging Manual and Coding Instructions
Version 01.04.00

CDC™

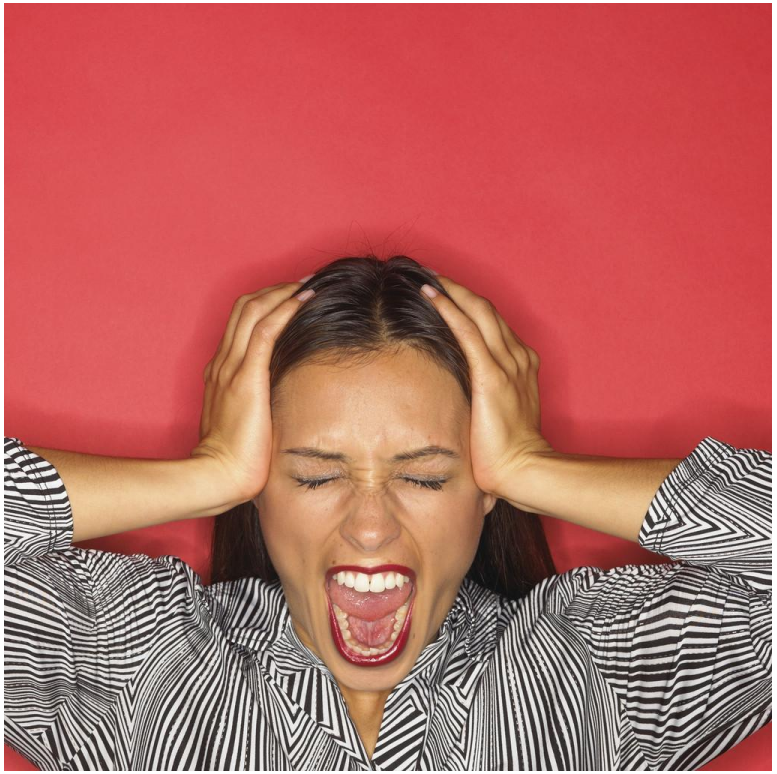
NPCR NATIONAL PROGRAM OF CANCER REGISTRIES

Objectives

- Have fun and learn together
- Understand how and when to use the proper Collaborative Staging evaluation field codes
- Understand the new changes in Collaborative Staging 01.04.00
- Incorporate what you learn today into your abstracts

Evaluation Fields!

- TS/Exten. Eval Field
- CS LN Eval Field
- CS Mets Eval Field



TS/Extension Evaluation

- General Instructions:
  - Select the code that documents the report or procedure from which the information about the **farthest extension** or **size** of the primary tumor was obtained; this **may not** be the **highest evaluation** code

TS/Extension Evaluation

- General Instructions:
  - Difference between derived category for the **tumor size** & the CS **extension**, select the evaluation code that reflects how the **worse** or **higher** category was determined

Example: Tumor size for breast CA bx is 020 (maps T1). There is ulceration of the skin (extension 51, maps T4).

Code CS TS/Exten Eval: 0, physical exam

TS/Extension Evaluation

- **Code 0:**
  - Evaluation is based on **physical exam**, **imaging** or other **non-invasive** clinical evidence
- **Code 1:**
  - Evaluation based on **endoscopic** exam, diagnostic **biopsy**, **including FNA**, or other **invasive** techniques, including **surgical** observation **without biopsy**.

    Does NOT meet AJCC pathologic requirements

TS/Extension Evaluation

- **Code 2:**
  - Evidence derived **from autopsy**, tumor **suspected** or **diagnosed prior** to **autopsy**
- **Code 3:**
  - **Surgery** performed **without** pre-surgical **systemic** treatment or radiation OR **surgical** resection performed, **unknown** if pre-surgical systemic treatment or radiation **performed**.

Meets criteria for AJCC pathologic staging

TS/Extension Evaluation

- **Code 5:**
  - **Surgical** resection **WITH** pre-surgical **systemic treatment** or **radiation**; tumor size/extension **based** on **clinical information**
- **Code 6:**
  - **Surgical** resection **WITH** pre-surgical systemic treatment or radiation; BUT **tumor size / extension based** on **pathologic evidence**

TS/Extension Evaluation

- **Code 8:**
  - Evidence from autopsy, tumor was **unsuspected** or **undiagnosed prior** to **autopsy**
- **Code 9:**
  - Unknown if **surgical resection** done
  - Not **assessed**
  - Unknown if **assessed**
  - Not **documented** in **patient record**

Prostate: TS/Extension Evaluation

- **Code 2:**
  - Positive **biopsy** of **extraprostatic** tissue allows **assignment** to CS **Extension** Codes **41-70** (Note 2)
- **Code 3:**
  - Evidence from autopsy, tumor **suspected** or **diagnosed** prior to autopsy
- **Code 4:**
  - Surgical **resection** **without** pre-**surgical** TX

You Made It

Through Part 1!!!

CS Regional Nodes Evaluation

- **General Instructions:**
- Select CS Reg Nodes Eval **code** that documents the **report** or **procedure** from which the information about the **farthest** involved **regional** LN was **obtained**

- For **sites** and **histologies** for which no **TNM** schema has been **defined** this field is **always** coded 9.

CS Reg Nodes Eval

- **Code 0**:
  - Evaluation based on **physical exam**, **imaging** or other non-**invasive** clinical evidence.
- **Code 1**:
  - Evaluation based on **endoscopic exam**, **diagnostic** biopsy, or other **invasive** technique.
  - Does **NOT** meet **criteria** for AJCC **pathologic** staging

CS Regional Nodes Evaluation

- **Code 2:**
  - No regional lymph nodes **removed** for **examination**, but evidence derived from **autopsy**
- **Code 3:**
  - Regional LN **removed** for examination, this is at least **one (1)** LN **without** pre-surgical systemic treatment or **radiation** OR LN **removed** for examination **unknown** if pre-surgical systemic treatment or XRT performed.

CS Regional Nodes Evaluation

- **Code 5**:
  - Regional LN **removed** for examination WITH **pre**-surgical systemic treatment or **radiation**, and LN evaluation based on **clinical** evidence.
- **Code 6**:
  - Regional LN removed for **examination** WITH **pre**-surgical **systemic** treatment or radiation, BUT LN evaluation based on **pathologic** evidence.

CS Regional Nodes Evaluation

- **Code 8**:
  - Evidence from **autopsy**; tumor was **unsuspected** or **undiagnosed** prior to autopsy
- **Code 9**:
  - **Unknown** if LN removed or examined
  - Not **assessed**; cannot be **assessed**
  - **Unknown** if assessed
  - **Not** documented in patient **record**
  - For sites with no TNM staging: **Not applicable**

Let’s Move On!!!!!

CS Mets Eval

- Since both clinical and pathologic evidence might be available for assessing distant metastasis, the coding of the Eval field can be confusing.
- Goal: **Assign** the Eval code that **indicates** the **best** evidence used to determine the M **category**.

CS Mets Eval

- The Eval fields are the same as for the other sites.
- Please see your CS Manual P. I-49
- We will now go over Instructions for coding

CS Mets Eval

Instructions for Coding

- **Derived M0**: choose an **eval code** that will **derive** a “c” staging basis.

- **Derived MX**: choose an **eval code** that will **derive** a **“c”** staging basis.

CS Mets Eval-Instructions

- **Derived M1**:

  Choose an Eval code that will **derive** a “p” staging basis. If there was only **clinical** evidence of M1 disease select an Eval code that will **derive** a “c” staging basis.

- **Subcategory Derived M1**:

  If **pathologic** evidence then select an Eval code that will **derive** a "**p**" staging basis.

  If only **clinical** evidence then select an Eval code that will **derive** a "**c**" staging basis.

  *Remember to code the highest applicable code

CS Mets Eval- Instructions

- Patient receives **pre-operative** systemic therapy or XRT, the **clinical** status of metastasis at **diagnosis** takes **precedence** (code 5), unless the **pathologic** evidence is more **extensive** (code 6).

CS Mets Eval- Instructions

- Code 1 includes **endoscopy** and **observation** at surgery, such as **abdominal** exploration at the time of colon resection, where **distant** metastasis is **not** biopsied.
- **AJCC** does not recognize a **pathologic** M0 category since it is **not** possible to rule out all possible **metastatic** sites.

Excellent Job!!!!

The New CS 01.04.00

CS 01.04.00 New Codes

- **Stomach:**
  - SSF1: Clinical Assessment Regional LN

    000-None

    100-N1

    200-N2

    300-N3

    400-Clinically positive, NOS

    888-Obsolete-N/A

    999-Unknown

New Codes

- **Colon/Rectum**:
  - SSF2: Clinical Assessment of Regional LN

    000-None

    100-N1

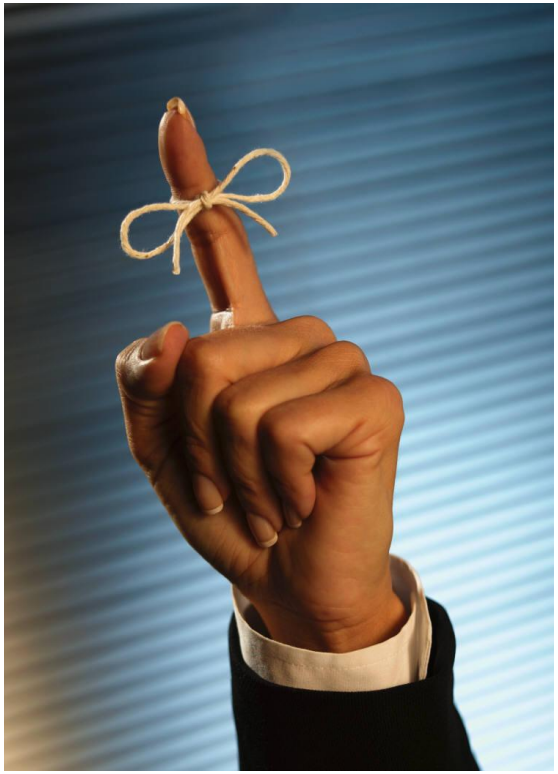
    200-N2

    400-Clinically positive regional LN, NOS

    888-Obsolete, N/A

    999-Unknown

Friendly Reminders:



Reminders

- CS is collected on ALL cases
- Timing: information gathered through completion of surgery(ies) in first course of treatment, OR all information within 4 months of the date of diagnosis in the absence of disease progression

Reminders:

- For each field code the highest applicable number. **EXCEPTION**: unknown, N/A, and NOS categories do not take priority over more specific codes with lower numbers.

Reminders

- CS Lymph Nodes:
  - "**fixed**", "**matted**", and "**mass in hilum, mediastinum, retroperitoneum, and/or mesentery**" are considered involvement of LNs
  - "**palpable**", "**enlarged**", "**visible swelling**", "**shotty**", or "**lymphadenopathy**" should be ignored UNLESS there is a statement of involvement by the clinician
  - EXCEPTION: "adenopathy", "enlargement", and "mass in hilum or mediastinum" for lung primaries ONLY
  - Lymphomas, any positive mention of LNs indicates involvement of those LNs

Reminders

- Unidentified LNs included with the resected primary site specimen are to be coded as regional LNs, NOS
- Code LN size from pathology report; code the size of the mets not the size of the LN itself

Reminders

- Colon, Rectosigmoid, and Rectum Primaries:
  - Tumor nodule(s) in the pericolic or perirectal fat, use the following guidelines:
    - Code as regional LN involvement if the nodule has a smooth contour
    - Code as tumor extension if the nodule has irregular contour

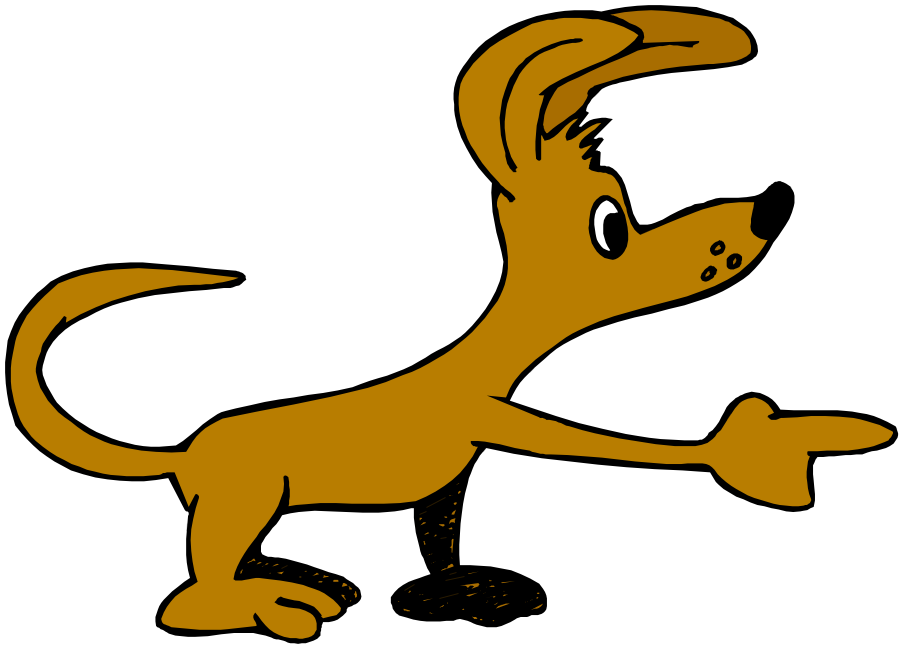
The Great Debate

- **Inaccessible primary sites**: not easily examined by palpation, observation, physical exam, or other clinical methods.
  - For localized early stage cancers allows the recording of regional LN as negative when there is no mention of regional LN involvement and pt receives usual treatment to the primary site.
  - Distant mets can also be coded as none when clinician proceeds with usual treatment of primary site

The Great Debate

- **Accessible primary sites**: can be observed, palpated or examined without instruments
  - Should be some description of regional LN status
  - A statement like “remainder of examination negative” is sufficient to code regional LN as clinically negative

Some Pointers:



CS Manual Pointers

- Table 3, Histology Specific Coding Schemes
- Table 4, TS necessary for AJCC Staging
- Table 5, Don’t use TS for AJCC Staging
- Table 6, AJCC N/A
- Adjacent Connective Tissue
- Adjacent Organ
- Adjacent Structure

Pointers Cont.

- Ambiguous Terms, P. I-20
- One page summary, P. I-21

Let’s Play!!!

Question 1:

CS is collected on _____.

A. Cases diagnosed 1/1/04
B. All sites and histologies
C. All cases regardless whether microscopically confirmed
D. All of these

Answer:

D

Question 2:

Flexible colonoscopy shows a large fungating lesion in the ascending colon. Pathology from total colectomy was positive for adenocarcinoma w/ extension to the mesocolon. All 10 LN excised are negative for adenocarcinoma. All preoperative imaging was negative for distant metastasis. What is the CS mets at DX and Mets Eval codes?

A- CS Mets DX 00
CS Mets Eval 0

B- CS Mets DX 40
CS Mets Eval 0

C- CS Mets DX 40
CS Mets Eval 1

D- CS Mets DX 00
CS Mets Eval 0

Answer:

A

Question 3:

On PE, a 3cm lesion in L outer quad of R breast was palpated. CT of chest & brain negative for mets. Breast has palpable 1.5cm axillary LN. ER & PR at DX was positive. What is the CS SSF 1 and SSF 2?

A- SSF1: 010
SSF2: 010

B- SSF1: 000
SSF2: 010

C- SSF1: 999
SSF2: 999

D- SSF1: 000
SSF2: 000

Answer:

A

Question 4:

Inaccessible sites are sites that are _____ by palpation, observation, PE, or other clinical methods.

A. Easily examined
B. Not easily examined
C. Never examined
D. All of the above

Answer:

B

Question 5:

PE shows a 2.5cm diameter lesion on L forearm. No suspicious LAD. LDH not done. Pathology from exc bx was positive for malignant melanoma, Clark level 2, 0.50mm thick. How would the TS be recorded in the CS TS field?

A- 250

B- 025

C- 050

D- 500

Answer:

B

Question 6:

CXR showed a 2.3cm tumor of the LLL of lung suspicious for malignancy. Pathology from LLL lobectomy showed invasion of the visceral pleura. All LN negative. All preoperative w/u negative for distant mets. How would the tumor size be recorded in the CS TS field?

A- 2.3

B- 02.3

C- 230

D- 023

Answer:

D

Question 7:

An 80yo male comes in w/ a cc of hematuria for 3 mo. PE is negative. CXR & CT of pelvis w/in normal limits. Bladder bx stated to be noninvasive papillary TCC. What are the CS Extension and CS TS/Exten Eval codes?

A- CS Exten 03
CS TS/Ext Eval 1

B- CS Exten 01
CS TS/Ext Eval 1

C- CS Exten 01
CS TS/Ext Eval 0

D- CS Exten 03
CS TS/Ext Eval 0

Answer:

B

Question 8:

PE shows a 2.5cm lesion L forearm. LDH not done; no suspicious LAD. Pathology from excisional bx was positive for malignant melanoma, Clark level 2, 0.50mm thick. What is SSF1 and SSF2?

A- SSF1 050
SSF2 999

B- SSF1 050
SSF2 000

C- SSF1 025
SSF2 000

D- SSF1 025
SSF2 999

Answer:

B

Question 9:

Colonoscopy showed 2cm fungating tumor in cecum. BX was positive for adenocarcinoma, MD. CEA ordered, results not in chart. CT AB/Pelvis show enlarged ileocolic and inf mesenteric LN sus for involvement from cecum primary. What is the CS LN and CS Mets at DX?

A- CS LN 20
CS Mets 08

B- CS LN 30
CS Mets 10

C- CS LN 20
CS Mets 10

D- CS LN 30
CS Mets 08

Answer:

C

Question 10:

In Collaborative Staging an increasing code number generally indicates _____ degree of tumor involvement.

A. Increasing
B. Decreasing
C. None of these

Answer:

A

Question 11:

When regional LN involvement is not mentioned for inaccessible sites that are no longer localized (now reg by direct extension/T3), the regional LN and mets involvement should be coded as _____, according to collaborative staging.

A. Negative
B. Unknown
C. Positive
D. None of these

Answer:

B

Question 12:

According to CS, for accessible primary sites that can be observed, palpated or examined w/out instruments, there should be some description of the regional LN status. A statement such as "remainder of exam" is sufficient to code regional LN as clinically _____.

A. Negative
B. Positive
C. Unknown
D. None of these

Answer:

A

Question 13:

CT chest shows 3cm tumor LUL, also noted smaller lesions in LLL and scattered lesions throughout R lung sus for mets. There are enlarged axillary LN also sus for mets. What is the CS Mets at Dx and CS Mets eval codes?

A- CS Mets 35
CS Mets eval 0

B- CS Mets 35
CS Mets eval 9

C- CS Mets 39
CS Mets eval 9

D- CS Mets 50
CS Mets eval 0

Answer:

D

Question 14:

CT chest, ab, and pelvis showed a R side kidney lesion with direct extension into R adrenal gland. This is suspicious for RCC. The renal hilar LN are most likely involved w/ RCC. What is the CS exten and CS exten eval codes?

A- CS Exten 80
CS Exten Eval 1

B- CS Exten 80
CS Exten Eval 0

C- CS Exten 40
CS Exten Eval 0

D- CS Exten 40
CS Exten Eval 1

Answer:

C

Question 15:

PE show palpable lesion R breast. Mammo show 1.6cm mass LIQ R breast. CT chest, ab, and pelv all negative. ER/PR: negative. R breast exc bx: intraductal & infil duct adeno, 1.5cm. R MRM: resid DCIS, skin nipple involved w/ Pagets dz. All 7 axillary LN negative. What are the correct SSFs 1-3?

A- SSF1: 020
SSF2: 020
SSF3: 007

B- SSF1: 020
SSF2: 020
SSF3: 000

C- SSF1: 010
SSF2: 010
SSF3: 007

D- SSF1: 010
SSF2: 010
SSF3: 000

Answer:

B

Review

- Eval codes should explain where you found your information
- Items coded should be clearly documented in your text fields
- Don’t forget about those helpful reminders!

Thank You!!!

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